


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 050 ***150.00

DOCUMENT # **F31334**
Entity Name:
ANDS OFFICE FURNITURE & SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

14001636

1. Principal Place of Business		3. Mailing Address 3061 N.W. 45th		4. FEI Number 59-2102419	Applied For
2. Subs. Apt. # etc.		Suite, Apt. # etc.			Not Applicable
City & State Miami FLA.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
		33125	U.S.		

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the qualifications of registered agent.

IGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
---	--

OFFICERS AND DIRECTORS

OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<p>OFFICER/DIRECTOR</p> <p>President ZAMORA Naydel P. 3061 N.W. 45th Miami FLA 33125</p>				
OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
OFFICER/DIRECTOR	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

The above entity certifies the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attached form with an address, title, or like empowered.

IGNATURE: *Naydel P. Zamora* Date: 4-12-05 (305) 887-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)